

ASSIGNMENT to ALTERNATE WORK SCHEDULE #1
Pursuant to LOA 14-GG-063
between the
STATE OF ALASKA
and the
ALASKA STATE EMPLOYEES ASSOCIATION
representing the
GENERAL GOVERNMENT UNIT

As set out in the terms of the Alternate Workweek Master Letter of Agreement 14-GG-063, the following bargaining unit member is appointed to the alternate schedule designated below.

PCN	Employee Name	Employee ID#	Job Classification

Alternate Work Period Schedule:

My workweek begins on _____ at _____ and ends on _____ at _____.
My regularly scheduled days and hours are as follows (day of week top row/hours worked bottom row):

								Total
								37.5
								Total
								37.5

This schedule is effective Monday, _____ and remains in effect through _____ (no later than June 30, 2016.)

This schedule agreement is entered into voluntarily by the parties whose signatures appear below. Either party may cancel this schedule arrangement with fifteen (15) calendar days written notice, with concurrent notice to the Payroll Services Manager. Upon cancellation, the affected member will return to a normal work schedule in the first week of the pay period following the required notice period.

Changes to any work schedule adopted under this Agreement must be made by executing a new Alternate Workweek Schedule Assignment form.

APPROVALS:

Member's Signature

Date

Supervisor's Signature

Date

DOP&LR Payroll Services Manager (or designee)

Date

cc: ASEA/AFSCME Local 52 (via email scan or facsimile)